

HOW TO GET OR CHANGE ORDERS FOR CHILD SUPPORT, SPOUSAL SUPPORT, CUSTODY, VISITATION ORDER TO SHOW CAUSE

***YOU MUST FIRST HAVE AN EXISTING CASE – A DISSOLUTION,
LEGAL SEPARATION, NULLITY, PARENTAGE OR A
CHILD SUPPORT CASE WITH THE DEPARTMENT OF
CHILD SUPPORT SERVICES***

1. **COMPLETE THE FORMS** *(Type or print in black ink)*
 - IN ALL CASES
 - Order to Show Cause
 - Application for Order and Supporting Declaration
 - IF CHILD SUPPORT, SPOUSAL SUPPORT, OR ATTORNEY FEES, *add*
 - Income & Expense Declaration *or*
 - Financial Statement- Simplified
 - IF EMERGENCY ORDERS ARE REQUESTED, *add*
 - Temporary Orders
 - Declaration re Ex Parte Notice
2. **MAKE COPIES**

You will need to make two more copies of each form, front and back. If the Department of Child Support Services is involved, you need three copies, not two.
3. **FILE THE PAPERS**

Take the originals and copies to the Clerk's Office, in Ventura, Room 208, in Simi Valley, on the first floor. You will have to pay a filing fee. If you are the Respondent or Claimant and this is the first paper you have filed, you will also have to pay the original filing fee. The Fee Schedule may be obtained from the Clerk. If you cannot afford the fee, you may be able to have that fee "waived". You will need to complete the FEE WAIVER PACKET. The clerk will keep the originals and return the copies to you, stamped to show that they have been "filed". The filed document will also include your court date. One copy is for you. The others must be "served" on the other party or parties.

3. **"SERVE" THE PAPERS**

"Service" means that someone other than you, over the age of 18, must *personally* deliver or mail a copy of the filed papers to the other party or parties. Remember that the Department of Child Support Services is considered a party. *Personal* Service must be completed at least 16 *court days* prior to the hearing date. If *serving by mail*, add 5 additional days prior to the hearing. You must also have served on the other party a package of blank forms so that they can file their Response. Those blank forms are at the back of the Forms packet.

5. **FILE THE PROOF OF SERVICE**

The person who "serves" the papers must complete and sign a "Proof of Service" for each party who had been served. Each "Proof of Service" must then be filed with the court.

IF YOU ARE ASKING FOR CUSTODY OR VISITATION ORDERS IN AN EXISTING DEPARTMENT OF CHILD SUPPORT SERVICES CASE YOU MAY NEED TO TAKE ADDITIONAL STEPS TO "JOIN" THE OTHER PARENT IN THE CASE. YOU CAN SEE IF THIS IS NECESSARY AT ANY OF THE FAMILY LAW SELF-HELP CENTERS.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:				
<table style="width: 100%;"> <tr> <td style="width: 33%;"> ORDER TO SHOW CAUSE <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs </td> <td style="width: 33%;"> <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support </td> <td style="width: 33%;"> <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other (specify): </td> </tr> </table>	ORDER TO SHOW CAUSE <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support	<input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other (specify):	CASE NUMBER:
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1. TO (name):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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b. The address of the court is ☐ same as noted above ☐ other (specify):

c. ☐ The parties are ordered to attend custody mediation services as follows:

3. THE COURT FURTHER ORDERS that a completed *Application for Order and Supporting Declaration* (form FL-310), a **blank Responsive Declaration** (form FL-320), and the following documents be served with this order:

- a. (1) ☐ Completed *Income and Expense Declaration* (form FL-150) and a **blank Income and Expense Declaration**
 (2) ☐ Completed *Financial Statement (Simplified)* (form FL-155) and a **blank Financial Statement (Simplified)**
 (3) ☐ Completed *Property Declaration* (form FL-160) and a **blank Property Declaration**
 (4) ☐ Points and authorities
 (5) ☐ Other (specify):
- b. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):
 Any responsive declaration must be served on or before (date):
- c. ☐ You are ordered to comply with the temporary orders attached.
- d. ☐ Other (specify):

Date:

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this order to show cause (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least nine court days before the hearing date. Add five calendar days if you serve by mail within California. (See Code of Civil Procedure 1005 for other situations.) To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the trial. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

PETITIONER: RESPONDENT:	CASE NUMBER:
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APPLICATION FOR ORDER AND SUPPORTING DECLARATION

—THIS IS NOT AN ORDER—

☐ **Petitioner** ☐ **Respondent** ☐ **Claimant** requests the following orders be made:

1. ☐ **CHILD CUSTODY** ☐ **To be ordered pending the hearing**
 - a. ☐ Child (name, age)
 - b. ☐ Legal custody to
(person who makes decisions about health, education, etc.)(name)
 - c. ☐ Physical custody to
(person with whom child lives)(name)
 - d. ☐ Modify existing order
(1) filed on (date):
(2) ordering (specify):

- ☐ As requested in form ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E)
2. ☐ **CHILD VISITATION** ☐ **To be ordered pending the hearing**

As requested in:

 - a. ☐ Attachment 2a
 - b. ☐ form FL-311
 - c. ☐ Other (specify):
 - d. ☐ Modify existing order
(1) filed on (date):
(2) ordering (specify):

3. ☐ **CHILD SUPPORT** (An earnings assignment order may be issued.)
 - a. ☐ Child (name, age)
 - b. ☐ Monthly amount
(if not by guideline)
\$
 - c. ☐ Modify existing order
(1) filed on (date):
(2) ordering (specify):

4. ☐ **SPOUSAL OR PARTNER SUPPORT** (An earnings assignment order may be issued.)
 - a. ☐ Amount requested (monthly): \$
 - b. ☐ Terminate existing order
(1) filed on (date):
(2) ordering (specify):
 - c. ☐ Modify existing order
(1) filed on (date):
(2) ordering (specify):

5. ☐ **ATTORNEY FEES AND COSTS**
 - a. ☐ Fees: \$
 - b. ☐ Costs: \$

6. ☐ **PROPERTY RESTRAINT** ☐ **To be ordered pending the hearing**
 - a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

☐ The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
 - b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
 - c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100) and *Temporary Restraining Order (Domestic Violence Prevention)* (form DV-110).

PETITIONER:	CASE NUMBER:
RESPONDENT:	

7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**
- a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property we own or are buying (*specify*):
- b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
| | | |
8. ☐ **I request** that time for service of the *Order to Show Cause* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.
9. ☐ OTHER RELIEF (*specify*):
10. ☐ **FACTS IN SUPPORT** of relief requested and change of circumstances for any modification are (*specify*):
☐ contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____		_____
(TYPE OR PRINT NAME)		(SIGNATURE OF APPLICANT)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

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<p>IN THE MATTER OF: _____</p> <p>CASE NUMBER: _____</p>	<p>FOR COURT USE ONLY</p>
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FAMILY INTAKE QUESTIONNAIRE

THIS FORM TO REMAIN CONFIDENTIAL

- | | YES | NO |
|--|--|--|
| 1. Previous Mediation
Have the parents participated in a private or court child custody or guardianship mediation?

When?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interpreters Required
Is either parent non-English speaking or limited in speaking English? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Parents Change of Residence
Has either parent recently moved or is planning to move out of the country, state or County of Ventura? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Domestic Violence Concerns*
Is there a Domestic Violence Restraining Order on one or both parents?

Have there been any allegations of domestic violence by either parent against the other or the child? | <input type="checkbox"/>

<input type="checkbox"/> | <input type="checkbox"/>

<input type="checkbox"/> |
| 5. Children or Adult Protective Services Involvement
Has one or both parents been contacted by Children's or Adult Services Agency concerning an abuse/neglect investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Child Custody Evaluation
Have the parents participated or been ordered to participate in a child custody evaluation?

When?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Petitioner or Attorney for Petitioner

Date

Signature of Respondent or Attorney for Respondent

Date

*Family Code Section 3181(b) states: "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times."

THIS FORM TO REMAIN CONFIDENTIAL

FORM SUBJECT TO SECTION 1152 OF THE CALIFORNIA EVIDENCE CODE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	
CASE NUMBER:	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months here (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

- 4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

5. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses.	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments.	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income.	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA).	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).	\$ _____
d. Child support that I pay for children from other relationships.	\$ _____
e. Spousal support that I pay by court order from a different marriage.	\$ _____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____
b. Stocks, bonds, and other assets I could easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.
 NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

- 16. Attorney fees** (This is required if either party is requesting attorney fees.): \$
- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

17. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

18. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

19. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (specify below): \$ _____

20. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 19b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (specify):

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

21. Other information I want the court to know concerning support in my case (specify):

Your name and address or attorney's name and address: ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	FOR COURT USE ONLY
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
 This income comes from the following:

Attach 1
copy of pay
stubs for
last 2
months here
(cross out
social
security
numbers)

☐ Salary/wages: Amount before taxes per month _____ \$
☐ Retirement: Amount before taxes per month _____ \$
☐ Unemployment compensation: Amount per month _____ \$
☐ Workers' compensation: Amount per month _____ \$
☐ Social security: ☐ SSI ☐ Other Amount per month _____ \$
☐ Disability: Amount per month _____ \$
☐ Interest income (from bank accounts or other): Amount per month _____ \$

 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. ☐ Day care or preschool to allow me to work or go to school _____ \$
 - b. ☐ Health care not paid for by insurance _____ \$
 - c. ☐ School, education, tuition, or other special needs of the child _____ \$
 - d. ☐ Travel expenses for visitation _____ \$
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 - b. ☐ Required union dues _____ \$
 - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 - d. ☐ Health insurance costs _____ \$
 - e. ☐ Child support I am paying for other minor children of mine who are not living with me _____ \$
 - f. ☐ Spousal support I am paying because of a court order for another relationship _____ \$
 - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage _____ \$
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:

Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____

What was your gross income *(before taxes)* before work stopped?: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
		<input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?

<ul style="list-style-type: none"> • Welfare (such as TANF, GR, or GA) • Salary or wages • Disability • Unemployment 	<ul style="list-style-type: none"> • Interest • Workers' compensation • Social security • Retirement
--	--
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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TEMPORARY ORDERS
Attachment to Order to Show Cause (FL-300)

1. ☐ **PROPERTY RESTRAINT**
 - a. ☐ Petitioner ☐ Respondent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
☐ The other party is to be notified of any proposed extraordinary expenditures and an accounting of such is to be made to the court.
 - b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor child or children.
 - c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
2. ☐ **PROPERTY CONTROL**
 - a. ☐ Petitioner ☐ Respondent is given the exclusive temporary use, possession, and control of the following property the parties own or are buying (*specify*):
 - b. ☐ Petitioner ☐ Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

<u>Debt</u>	<u>Amount of payment</u>	<u>Pay to</u>
3. ☐ **MINOR CHILDREN**
 - a. ☐ Petitioner ☐ Respondent will have the temporary physical custody, care, and control of the minor children of the parties, ☐ subject to the other party's rights of visitation as follows:
 - b. ☐ Petitioner ☐ Respondent must not remove the minor child or children of the parties
 - (1) ☐ from the State of California.
 - (2) ☐ from the following counties (*specify*):
 - (3) ☐ other (*specify*):
 - c. ☐ Child abduction prevention orders are attached (see form FL-341(B)).
 - d. (1) Jurisdiction: This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with § 3400).
 (2) Notice and opportunity to be heard: The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
 (3) Country of habitual residence: The country of habitual residence of the child or children is
☐ the United States of America ☐ other (*specify*):
(4) Penalties for violating this order: If you violate this order you may be subject to civil or criminal penalties, or both.
4. ☐ **OTHER ORDERS** (*specify*):

Date: _____

JUDGE OF THE SUPERIOR COURT

5. **The date of the court hearing is** (*insert date when known*):

CLERK'S CERTIFICATE

[SEAL]

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT		
DECLARATION RE EX PARTE NOTICE Dom. Violence Restraining Order Civil Harassment Restraining order Custody / Other		CASE NUMBER:

1. I informed the other party in this action that an emergency order would be sought as follows:

Person informed: (Name) _____ Date and time informed: _____

How Informed:

By telephone to the _____ party attorney at (Telephone Number) _____

By leaving a message with (Name) _____ at (Telephone Number) _____
 relationship to party: _____

By leaving a message on voicemail of the party at (Telephone Number) _____

By personally informing:

the party

another person (name) _____ Relationship to party: _____

Other: _____

2. I informed the person listed above that an order would be sought in the Superior Court of Ventura County at

800 South Victoria Ave., Ventura

3855-F Alamo St., Simi Valley on:

Date: _____ **Time:** _____ **Courtroom:** _____

3. I told him/her that the orders requested included, but were not limited to:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders _____

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

and that he/she should appear at the above time and place if he/she wished to be heard by the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

 Signature of Declarant

DECLARATION RE: EX PARTE NOTICE - NO NOTICE GIVEN

Dom. Violence Restraining Order

Civil Harassment Restraining order

Custody / Other

Instructions: Notice must be given for all Ex Parte requests unless the person requesting the order can establish exceptional circumstances to excuse notice.

1. I, _____, am requesting Ex Parte orders as stated below. I am requesting that notice be excused in this matter.

2. Ex Parte hearing is set at **800 South Victoria Ave., Ventura**
3855-F Alamo St , Simi Valley

on: Date: _____ **Time:** _____ **Courtroom:** _____

3. I am requesting the following orders:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

4. Notice should be excused because (provide details as to why the other party should not be told, in advance, of your request for emergency orders)

I do not have any way to give notice to the other party because: _____

If notice is given, I, or the children, will suffer immediate harm, specifically: _____

Giving notice would frustrate the purpose of this order because: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature of Declarant

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
SHORT TITLE OF CASE:		
PROOF OF SERVICE		CASE NUMBER:

1. At the time of service, I was at least 18 years of age and not a party to this action.

2. I served the following documents:

- | | |
|---|--|
| <input type="checkbox"/> Summons | <input type="checkbox"/> Responsive Declaration re Order to |
| <input type="checkbox"/> Petition | Show Cause/Notice of Motion |
| <input type="checkbox"/> Response | <input type="checkbox"/> Income & Expense Declaration |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Order After Hearing |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Blank Response |
| <input type="checkbox"/> UCCJEA Declaration | <input type="checkbox"/> Blank Answer |
| <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Blank Responsive Declaration |
| <input type="checkbox"/> Notice of Motion | <input type="checkbox"/> Blank Income and Expense Declaration |
| <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Mediation/Orientation Appointment | _____ |
| Fact Sheet | _____ |

3. Party served:

4. Address:

5. Method of service:

- ☐ **Personal service:** By personal delivery to the person identified in paragraph 3.

Date of Service:

Time of Service:

- ☐ **By Mail:** By mailing copies to the person identified in paragraph 3, with postage fully prepaid, by first class mail as follows:

Date of Mailing:

Place of Deposit:

- ☐ With two copies of the Notice and Acknowledgment of Receipt and stamped return envelope addressed to me. (Attach signed Notice & Acknowledgment of Receipt)
- ☐ To an address outside of California with return receipt requested (Attach Returned Receipt)

PROOF OF SERVICE

6. Person Serving (name, address and telephone number):

7. Person serving, additional information

- ☐ Fee for service
 - ☐ Not a registered California process server.
 - ☐ Exempt from registration under B&P section 22350(b)
 - ☐ Registered California process server:
 - ☐ Employee or independent contractor
- Registration Number:
County of Registration:

I declare under the penalty of perjury and pursuant to the laws of the State of California that the foregoing is true and correct. Executed on _____ at _____.

Signature of Declarant

I am a California sheriff, marshall, or constable, and I certify that the foregoing is true and correct. Executed on _____ at _____.

Signature

PROOF OF SERVICE

NOTICE

**ALL OF THE FOLLOWING FORMS ARE LEFT
BLANK AND MUST BE SERVED
ON THE RESPONDENT
ALONG WITH A COPY OF THE DOCUMENTS
YOU HAVE FILED**

HOW TO RESPOND TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION

1. **COMPLETE THE FORMS** (*Type or print in black ink*)

- Responsive Declaration
 - This is your opportunity to *respond* to the issues raised on the Order to Show Cause. You can only respond to those issues already raised. If you want to raise additional issues, you need to file your own Order to Show Cause.
- Income and Expense Declaration or Financial Declaration (Simplified) if issues of support or attorney fees raised in the Order to Show Cause

2. **SERVE A COPY ON THE OTHER PARTY**

Make TWO copies of the above documents. One copy is to be “served” on the other party. Service means the *copy* must be personally delivered or mailed to the other party by someone over the age of 18 other than you. You cannot “serve” it yourself. Service must be completed no later than 9 court days before the court hearing. Whoever serves the papers must complete the Proof of Service. You will file the Proof of Service with the Original Responsive Declaration.

3. **FILE THE PAPERS**

Take the original and two copies along with the Proof of Service to the Clerk’s Office, in Ventura, Room 208, in Simi Valley, on the first floor. The clerk will keep the original and return the copies to you, stamped to show that it has been “filed”. One of the two copies is to be “served” on the other party. The other copy is for your records.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> ATTORNEY FOR (Name):	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION		
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:

1. ☐ CHILD CUSTODY
 - a. ☐ I consent to the order requested.
 - b. ☐ I do not consent to the order requested but I consent to the following order:

2. ☐ CHILD VISITATION
 - a. ☐ I consent to the order requested.
 - b. ☐ I do not consent to the order requested but I consent to the following order:

3. ☐ CHILD SUPPORT
 - a. ☐ I consent to the order requested.
 - b. ☐ I consent to guideline support.
 - c. ☐ I do not consent to the order requested, but I consent to the following order:
 - (1) ☐ Guideline
 - (2) ☐ Other (specify):

4. ☐ SPOUSAL SUPPORT
 - a. ☐ I consent to the order requested.
 - b. ☐ I do not consent to the order requested.
 - c. ☐ I consent to the following order:

5. ☐ ATTORNEY FEES AND COSTS
 - a. ☐ I consent to the order requested.
 - b. ☐ I do not consent to the order requested.
 - c. ☐ I consent to the following order:

PETITIONER/PLAINTIFF: _____	CASE NUMBER:
RESPONDENT/DEFENDANT: _____	

6. ☐ PROPERTY RESTRAINT
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested.
- c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION
- ☐ contained in the attached declaration.

NOTE: To respond to a request for domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100) you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

_____
(SIGNATURE OF DECLARANT)

<p>IN THE MATTER OF: _____</p> <p>CASE NUMBER: _____</p>	<p>FOR COURT USE ONLY</p>
--	---------------------------

FAMILY INTAKE QUESTIONNAIRE

THIS FORM TO REMAIN CONFIDENTIAL

- | | YES | NO |
|--|--|--|
| 1. Previous Mediation
Have the parents participated in a private or court child custody or guardianship mediation?

When?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interpreters Required
Is either parent non-English speaking or limited in speaking English? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Parents Change of Residence
Has either parent recently moved or is planning to move out of the country, state or County of Ventura? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Domestic Violence Concerns*
Is there a Domestic Violence Restraining Order on one or both parents?

Have there been any allegations of domestic violence by either parent against the other or the child? | <input type="checkbox"/>

<input type="checkbox"/> | <input type="checkbox"/>

<input type="checkbox"/> |
| 5. Children or Adult Protective Services Involvement
Has one or both parents been contacted by Children's or Adult Services Agency concerning an abuse/neglect investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Child Custody Evaluation
Have the parents participated or been ordered to participate in a child custody evaluation?

When?: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Petitioner or Attorney for Petitioner

Date

Signature of Respondent or Attorney for Respondent

Date

*Family Code Section 3181(b) states: "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times."

THIS FORM TO REMAIN CONFIDENTIAL

FORM SUBJECT TO SECTION 1152 OF THE CALIFORNIA EVIDENCE CODE

Attach copies of your pay stubs for last two months here (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

2. Age and education

- a. My age is (*specify*): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (*specify*): _____
- c. Number of years of college completed (*specify*): _____ Degree(s) obtained (*specify*): _____
- d. Number of years of graduate school completed (*specify*): _____ Degree(s) obtained (*specify*): _____
- e. I have: ☐ professional/occupational license(s) (*specify*): _____
☐ vocational training (*specify*): _____

a. ☐ I last filed taxes for tax year (specify year):

b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):

c. I file state tax returns in ☐ California ☐ other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

- (If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

Date:

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses. | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments. | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |
6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest. | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income. | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |
7. **Income from self-employment, after business expenses for all businesses.** \$ _____
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____
- Number of years in this business (specify): _____
- Name of business (specify): _____
- Type of business (specify): _____
- Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**
8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____
10. **Deductions** Last month
- | | |
|---|----------|
| a. Required union dues | \$ _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA). | \$ _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). | \$ _____ |
| d. Child support that I pay for children from other relationships. | \$ _____ |
| e. Spousal support that I pay by court order from a different marriage. | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ |
11. **Assets** Total
- | | |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.
 NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. Attorney fees (This is required if either party is requesting attorney fees.): \$

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

17. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

18. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

19. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (specify below): \$ _____

20. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 19b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (specify):

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

21. Other information I want the court to know concerning support in my case (specify):

Your name and address or attorney's name and address: ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	FOR COURT USE ONLY
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
 This income comes from the following:

Attach 1
copy of pay
stubs for
last 2
months here
(cross out
social
security
numbers)

☐ Salary/wages: Amount before taxes per month _____ \$
☐ Retirement: Amount before taxes per month _____ \$
☐ Unemployment compensation: Amount per month _____ \$
☐ Workers' compensation: Amount per month _____ \$
☐ Social security: ☐ SSI ☐ Other Amount per month _____ \$
☐ Disability: Amount per month _____ \$
☐ Interest income (from bank accounts or other): Amount per month _____ \$

 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. ☐ Day care or preschool to allow me to work or go to school _____ \$
 - b. ☐ Health care not paid for by insurance _____ \$
 - c. ☐ School, education, tuition, or other special needs of the child _____ \$
 - d. ☐ Travel expenses for visitation _____ \$
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 - b. ☐ Required union dues _____ \$
 - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 - d. ☐ Health insurance costs _____ \$
 - e. ☐ Child support I am paying for other minor children of mine who are not living with me _____ \$
 - f. ☐ Spousal support I am paying because of a court order for another relationship _____ \$
 - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage _____ \$
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:
 Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____ What was your gross income *(before taxes)* before work stopped?: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
<input type="checkbox"/> PETITIONER/PLAINTIFF		<input type="checkbox"/> RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?

<ul style="list-style-type: none"> • Welfare (such as TANF, GR, or GA) • Salary or wages • Disability • Unemployment 	<ul style="list-style-type: none"> • Interest • Workers' compensation • Social security • Retirement
--	--
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
SHORT TITLE OF CASE:		
PROOF OF SERVICE		CASE NUMBER:

1. At the time of service, I was at least 18 years of age and not a party to this action.

2. I served the following documents:

- | | |
|---|--|
| <input type="checkbox"/> Summons | <input type="checkbox"/> Responsive Declaration re Order to |
| <input type="checkbox"/> Petition | Show Cause/Notice of Motion |
| <input type="checkbox"/> Response | <input type="checkbox"/> Income & Expense Declaration |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Order After Hearing |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Blank Response |
| <input type="checkbox"/> UCCJEA Declaration | <input type="checkbox"/> Blank Answer |
| <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Blank Responsive Declaration |
| <input type="checkbox"/> Notice of Motion | <input type="checkbox"/> Blank Income and Expense Declaration |
| <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Mediation/Orientation Appointment | _____ |
| Fact Sheet | _____ |

3. Party served:

4. Address:

5. Method of service:

- ☐ **Personal service:** By personal delivery to the person identified in paragraph 3.

Date of Service:

Time of Service:

- ☐ **By Mail:** By mailing copies to the person identified in paragraph 3, with postage fully prepaid, by first class mail as follows:

Date of Mailing:

Place of Deposit:

- ☐ With two copies of the Notice and Acknowledgment of Receipt and stamped return envelope addressed to me. (Attach signed Notice & Acknowledgment of Receipt)
- ☐ To an address outside of California with return receipt requested (Attach Returned Receipt)

PROOF OF SERVICE

6. Person Serving (name, address and telephone number):

7. Person serving, additional information

- ☐ Fee for service
- ☐ Not a registered California process server.
- ☐ Exempt from registration under B&P section 22350(b)
- ☐ Registered California process server:
 - ☐ Employee or independent contractor
 - Registration Number:
 - County of Registration:

I declare under the penalty of perjury and pursuant to the laws of the State of California that the foregoing is true and correct. Executed on _____ at _____.

Signature of Declarant

I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct. Executed on _____ at _____.

Signature

PROOF OF SERVICE